



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ENRICHING KIDS INSIDE & OUT

SCIENCE • TECHNOLOGY • ENGINEERING • ARTS • MATHEMATICS

## Before & After School Program

REGISTRATION 2016-2017



STRENGTHENING THE FOUNDATIONS OF COMMUNITY  
YMCA OF FLORIDA'S FIRST COAST | [FirstCoastYMCA.org](http://FirstCoastYMCA.org)

# Before & After School Program

## Registration Overview

### REGISTRATION

Enrollment is open to any child attending a school where a YMCA Before and After School program is offered. Each YMCA Before and After School program is licensed for the children attending that school site. Registration is not complete until the registration packet has been completed and returned along with a \$50 registration fee, per child, and payment for the 1<sup>st</sup> week of attendance. Registration fee is waived for participants with a YMCA Family membership.

### HOURS

**Before School:** 6:30am until school starts (Hartley Elementary only)

**After School:** End of school until 6:00pm

\* Late pick up fee is \$1 per minute, per child for any child picked up later than 6pm. The fee is due at pickup and must be paid before child may attend Before and After school again.

### 2016/2017 St. Johns County Before and After School Rates

	AM Rates	PM Rates	AM/PM Rates
<b>Hartley Elementary School</b>			
Regular rates	\$38	\$62	\$76
2 Days a Week	\$19	\$42	\$46

### Gamble Rogers Middle School

Regular rate	-	\$50	-
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### Ponte Vedra YMCA (6<sup>th</sup>-8<sup>th</sup> grade)

Member	-	\$35	-
Non-member	-	\$50	-

\*\*\*Financial Assistance is available to those who qualify.

**Extended programs and services are available on days when school is not in session. Additional fees are required for these services, contact your Before and After School site for more information.**

### FEE SCHEDULES

Regular fees are based on a five-days-per-week schedule. A two-day-per-week schedule is only available on a limited basis at Before and After School sites. Partial-week students choose the two days they will attend in advance and must commit to the schedule set in place. Any changes in schedule require a written two week notice.

**Payment:** All payments are due one week in advance. Weekly fees are due the **Monday before the week of care**. Payments made after Monday will be adjusted to include a **\$10 late payment fee**. Payments can be made by check, money order or automatic bank draft. NO CASH, please. **Automatic payments can be scheduled weekly, bi-weekly, or monthly from credit card or bank accounts. Automatic payment is the most effective way to never have a late fee again!**

A Healthy Snack based on USDA guidelines is provided for children daily at **Hartley Elementary and Gamble Rogers Middle Schools**. Parents will provide a healthy lunch and drink on ½ days. Please, no fast food or candy. At the **Ponte Vedra Middle program** participants will need to pack their own snack or bring money to purchase snacks.

For more information, you may contact the Before and After School site locations above during program hours or contact the Ponte Vedra or St. Augustine YMCA branches.



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**Office Use Only**

Participant #: \_\_\_\_\_

Date Received: / / By: \_\_\_\_\_

Preferred Method of Payment:  EFT  Online  At Site

Registration Fee: \$ \_\_\_\_\_ Weekly Fee: \$ \_\_\_\_\_

FA  ELC/Other  No

# YMCA BEFORE & AFTER SCHOOL PROGRAM

## REGISTRATION FORM | 2016-2017

St. Johns County Youth Development | Ponte Vedra YMCA 904.543.9622 | St. Augustine YMCA 904.471.9622

A completed registration consists of Registration Form, Child Information Form and all required fees paid. Your child may not attend BAS until ALL required forms are completed and on file with the YMCA Site Director at your site.

### PROGRAM INFORMATION

**ENROLLMENT (START) DATE** / / **SCHOOL NAME**

**5-DAY PLAN**  AM  PM  AM/PM

**2-DAY PLAN**  AM  PM  AM/PM **WHICH 2 DAYS** (PLEASE CIRCLE) MON. TUES. WED. THURS. FRI.

### CHILD INFORMATION

**CHILD'S NAME** \_\_\_\_\_ **NICKNAME** \_\_\_\_\_ **DATE OF BIRTH** / /

**GENDER** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **ETHNICITY** (CIRCLE ALL THAT APPLY) **W** **B** **A** **H** **I** **OTHER**

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOUSEHOLD PHONE** \_\_\_\_\_ **HOUSEHOLD EMAIL** \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

**MOTHER OR LEGAL GUARDIAN NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

### FATHER OR LEGAL GUARDIAN NAME

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

### WHO HAS LEGAL CUSTODY?

MOM ONLY  DAD ONLY  BOTH PARENTS  OTHER (PLEASE EXPLAIN) \_\_\_\_\_

### WHO IS PERMITTED TO REMOVE THE CHILD?

MOM ONLY  DAD ONLY  BOTH PARENTS  OTHER (PLEASE EXPLAIN) \_\_\_\_\_

### EMERGENCY CONTACTS & AUTHORIZED TO PICK UP

**ID IS REQUIRED TO PICK UP YOUR CHILD** (REQUIRED: MINIMUM OF 2 OTHER THAN PARENTS)

NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP

### MEDICAL INFORMATION

**CHILD'S PHYSICIAN** \_\_\_\_\_ **PHYSICIAN PHONE** \_\_\_\_\_

**PLEASE SIGN ATTACHED WAIVERS**



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### **MEDICAL INFORMATION**

**PLEASE INDICATE ANY OF THE FOLLOWING:**

- MEDICAL CONDITION/DIAGNOSIS: \_\_\_\_\_
- CHRONIC ILLNESS: \_\_\_\_\_
- HISTORY OF SERIOUS INJURY/HOSPITALIZATIONS: \_\_\_\_\_
- PHYSICAL RESTRICTIONS: \_\_\_\_\_
- ALLERGIES (INSECT, MEDICATIONS, FOODS, ETC.): \_\_\_\_\_
- SPECIAL DIETARY RESTRICTIONS: \_\_\_\_\_
- SPECIAL NEEDS (IF YES, PLEASE COMPLETE THE ADDITIONAL INFORMATION BELOW):       YES       NO

### **SPECIAL NEEDS**

PLEASE HELP US LEARN ABOUT YOUR CHILD'S SPECIFIC SPECIAL NEED AND ABOUT HIS/HER ABILITY TO MANAGE EVERYDAY TASKS THAT ARE COMMON IN OUR PROGRAM. BEFORE YOUR CHILD IS ENROLLED, WE WILL MEET WITH YOU TO DISCUSS FURTHER.

**PLEASE DESCRIBE YOUR CHILD'S NEEDS:**

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**DOES YOUR CHILD HAVE AN IEP?**     YES     NO

### **MEDICATIONS**

NAME OF MEDICATION: _____	DOSAGE/FREQUENCY: _____
NAME OF MEDICATION: _____	DOSAGE/FREQUENCY: _____
NAME OF MEDICATION: _____	DOSAGE/FREQUENCY: _____

### **ADDITIONAL INFORMATION**

PLEASE SHARE ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE HELPFUL IN CARING FOR YOUR CHILD:

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**PLEASE SIGN ATTACHED WAIVERS**





**FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY**

**THIS IS YOUR RELEASE AND WAIVER OF LIABILITY** (the "Release"). You individually and on behalf of your minor child, release the YMCA of Florida's First Coast, Inc. ("YMCA"), its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM [YMCA] IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

**I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:**

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT (If less than 18-years-old, parents or legal guardians must sign below)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT / GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT / GUARDIAN

\_\_\_\_\_  
DATE